STATEMENT OF

RECEIVED

FORM 1	ORGANIZATION				FEGMAL CENTER				
NAME OF COMMITTEE (in	n full)	(Check if is change			ple: If typing, type the lines.	12FE4			
UTAH DEI	MOCE	ATIC LEA	DERS	SHIF	PFEDERA	L COM	MITTE	E	لىـ
			1 1 1	11					لـــا
ADDRESS (number a	nd street)	P. O. BO	X 161	94					
(Check if address is changed)		PLANTATION				FL	3331	8	
			С	ITY		STATE		ZIP CODE	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) DemocraticLeadershipCommittees@gmail.com (Check if address is changed)									
COMMITTEE'S WEB PAGE ADDRESS (URL)									
(Check if address is changed)									
2. DATE 10° '17° '2012 '									
3. FEC IDENTIFICATION NUMBER C									
4. IS THIS STATE	MENT X	NEW (N)	OR		AMENDED (A)				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer ALEXANDER CLINTON									
Signature of Treasure	er	Herande	v C	lent	170 1-	Date 1	10" / 11	7°′ 20′1	Ž
NOTE: Submission of	•	•			ect the per son signing			ties of 2 U.S.C.	§437g.
Office Use Only					For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100			C FORM 1 vised 02/2009)	